DIVISION OF HEALTH SERVICES IMMUNIZATIONS PROGRAM JULY 1, 2008 - DECEMBER 31, 2008 BUDGET NO. 433-400582

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
NO.	ACCOUNT IVAIVIL	BODGET	<u> </u>	BODGET
4331	FEDERAL GRANTS THRU STATE	(262,600)	(53,627)	(316,227)
	TOTAL STATE REVENUE	(262,600)	(53,627)	(316,227)
	_	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
5102	SALARIES & LABOR	178,013.00	-	178,013.00
5135	LAPSE TIME RESTRICTION	<u>-</u> _		
	TOTAL SALARIES & OVERTIME	178,013.00	<u> </u>	178,013.00
5510	RETIREMENT BENEFITS - COUNTY	12,461.00	-	12,461.00
5511	OPEB RETIREE INSURANCE	12,016.00	-	12,016.00
5515	FICA	, -	-	, -
5516	MEDICARE COVERAGE (MQFE)	2,581.00	-	2,581.00
5520	GROUP LIFE INSURANCE	1,210.00	-	1,210.00
5543	CIGNA INSURANCE	24,546.00	-	24,546.00
5560	DISABILITY INSURANCE	2,848.00	-	2,848.00
5591	OJI MEDICAL INSURANCE	2,759.00	-	2,759.00
5592	UNEMPLOYMENT COMP INS	586.00		586.00
	TOTAL FRINGES	59,007.00	-	59,007.00
6016	DATA PROCESSING SUPPLIES	2,000.00	13,000.00	15,000.00
6026	EXP FURN & EQUIP	2,197.00	12,803.00	15,000.00
6042	MATERIALS & SUPPLIES	2,533.00	12,467.00	15,000.00
6046	MEDICAL SUPPLIES	7,000.00	8,000.00	15,000.00
6052	OFFICE SUPPLIES	7,000.00	8,357.00	15,357.00
	TOTAL SUPPLIES	20,730.00	54,627.00	75,357.00
6446	LOCAL TRANSPORTATION	1,000.00	(1,000.00)	-
	TOTAL SERVICES	1,000.00	(1,000.00)	-
6874	TELECOMM SERVICES	1,000.00	-	1,000.00
	=	1,000.00	<u>-</u>	1,000.00
9804	TR/T INDIRECT COST	2,850.00	-	2,850.00
	TOTAL TRANSFERS OUT	2,850.00	<u>-</u>	2,850.00
	TOTAL EXPENDITURES	262,600.00	53,627.00	316,227.00
		202,000.00	00,027.00	010,227.00
	NET COST	<u>-</u>	0	0

DIVISION OF HEALTH SERVICES ADMINISTRATION & FINANCE JULY 1, 2008 - JUNE 30, 2009 BUDGET NO. 010-400301

ACCT.		CURRENT		PROPOSED
NO.	ACCOUNT NAME	BUDGET	DIFFERENCE	BUDGET
9530	RESTRICTED OPER & MAINT	-	-	-
9634	TRSF/F FEDERAL THRU STATE-IND COST	-	-	-
	NET OPERATIONS	_		

DIVISION OF ADMINISTRATION & FINANCE TELECOMMUNICATIONS JULY 1, 2008 - JUNE 30, 2009 BUDGET NO. 961-201501

ACCT.		CURRENT		PROPOSED
NO.	ACCOUNT NAME	BUDGET	DIFFERENCE	BUDGET
4262	SERVICE INCOME	-	-	-
6771	COMMUNICATION EXPENSE		<u> </u>	
	NET OPERATIONS	-	-	-

Position Control Budgets - Adjustments for PERMANENT OR DURATIONAL Positions

<u>Department</u>

Cost Center	Position Number	Position Title	Filled or Vacant	Budgeted Amount	Health Fringe Amount	Pension 7.000% 5510
						0.00
						0.00
						0.00
						0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					-	0.00
					1	0.00
					-	0.00
					-	0.00
					-	0.00
					1	0.00
					-	0.00
					1	0.00
		Total Permanent		0.00	0.00	0.00
		Total Temporary		0.00		
		rotal reinpolary		0.00		
		Grand Total		0.00	0.00	0.00
					-	
					-	
					1	
]	

Date:

OPEB 6.500%	MQFE 1.350%	Group Life 0.792%	LTD 1.600%	OJI 1.550%	Jnemployment 0.329%	
5511		0.792% 5520	5560	5591	0.329% 5592	Total Cost
5511	5516	5520	3300	5591	5592	Total Cost
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00			0.00	0.00	0.0
0.00	0.00	0.00	0.00	0.00	0.00	0.0

DIVISION OF HEALTH SERVICES ADMINISTRATION & FINANCE JULY 1, 2008 - DECEMBER 31, 2008 BUDGET NO. 433-400582 COST CENTER HR582

POSITION NO.	JOB TITLE	STATUS			COMPENSATION				
			CURI	RENT	DIFFE	RENCE	PROP	OSED	
			\$	-	\$	_	\$	_	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
					Φ.	_			
			\$		\$		\$	_	

PER PAY PERIOD - JANUARY 2008 THRU DECEMBER 2008

	JOB TITLE		COMPENSATION						
POSITION NO.		STATUS	CURRENT		DIFFER	RENCE	PROPOSED		
-									
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$	-	\$	-	\$	-	
			\$		\$	-	\$		
			\$	-	\$	-	\$	-	

DATE: 10-06-08

IN-HOUSE ROUTE SHEET RESOLUTION CHECK-OFF LIST

BUDGET #:	433-400582			
PERIOD OF TIME:	01/01/08 - 12/31	/08		
AMOUNT:	\$53,627.00	_		
DESCRIPTION:			ZATIONS (BASE) PROGRAM	M FO SECOND 6 MONTHS BUDGET
			DATE	
SECTION MANAGER LEEANN MOSS		INITIALS	RECEIVED	FORWARDED
COMMENTS:				
			DATE	
RUSSELL COMMENTS:		INITIALS	RECEIVED	FORWARDED
<u>ACCOUNTANT</u>		INITIALS	DATE RECEIVED	FORWARDED
BENNETT COMMENTS:				
<u>LACHAPELLE</u>		INITIALS	DATE RECEIVED	FORWARDED
COMMENTS:				
<u>FARRIS</u>		INITIALS	DATE RECEIVED	FORWARDED
COMMENTS:				
<u>NUNNALLY</u>		INITIALS	DATE RECEIVED	FORWARDED
COMMENTS:				
Г			DATE	1
<u>MADLOCK</u>		INITIALS	RECEIVED	FORWARDED
COMMENTS:				
<u> </u>			DATE	
HIPPA REVIEW		INITIALS	RECEIVED	FORWARDED
COMMENTS:				

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN. HEALTH DEPARTMENT 1. Department Requesting Services: Preparer's Name, Telephone #, and E-Mail Address: 544-7585 johnathan.russell@shelbycountytn.gov Johnathan Russell DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED: Contract with TDH. MSCHD will provide immunization services children in Shelby County. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE **CONTRACTING:** Tenn. Dept. of Health Cordell Hull Bldg. 425 5th Avenue North Nashville, TN 37243 09905 VENDOR NO./FED ID NO. COST OF ITEM OR SERVICE REQUESTED: \$53,627.00 TERM OF PROPOSED CONTRACT/AGREEMENT: 01/01/08-12/31/08 FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH** 433-400582 Revenue Contract Carryforward of funds No Encumbrance Required COMMODITY CODE: 961 VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE): **PLEASE ATTACH APPROVAL DOCUMENTS** Bid/RFP Process - # & Date **TDH Contract** a. **Emergency/Sole Source** b. LOSB/MBE INFORMATION: Please check the appropriate description MBE (MINORITY OWNED BUSINESS ENTERPRISE) WBE (WOMEN OWNED BUSINESS ENTERPRISE) LOSB (LOCALLY OWNED SMALL BUSINESS) ANNUAL SALES DOES NOT EXCEED \$3 MILLION X N/A SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) 11. REVIEWED AND APPROVED BY: DEPARTMENT HEAD DATE HEALTH POLICY COORDINATOR DATE DIVISION DIRECTOR DATE (If Applicable)